| Effective October 1, 2003 | | | | | | | | | 32 | | |
|--|----------------------------------|-------------|---------------------------------------|-------------------------------------|-------------------------|------------------------------|---|----------|-----------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMAL TYPE | L ENTITY. | OF | • | R THAN ENTITY | |
| TOTAL CLAI | MS | | | | • | RAT | E FEE | 7 | RATE | FEE | |
| FOR | | NUMBÉ | NUMBÉR FILED | | NUMBER EXTRA | | FEE 385.0 | OF | BASIC FEE | 770.00 | |
| TOTAL CHAR | GEABLE CLAIMS | ń | minus 20= | | .0 | | = | OR | X\$18= | | |
| INDEPENDEN | T CLAIMS | | minus 3 = | | Ö | | = | OR | X86= | | |
| MULTIPLE DE | PRESENT | REŞENT | | | +145 | _ | OR | 1. | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTA | | OR | L | <u> </u> | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| ENT | CLAIMS REMAINING AFTER AMENOMENT | 1 | HIGHE NUMB PREVIO PAID F | ST ER USLY | PRESENT EXTRA | RATE | ADDI- | 7 | RATE | ADDI- TIONAL FEE | |
| Total Independen | • | Minus | ~ | | • | X\$ 9= | | OR | X\$18= | | |
| ~ | | Minus | *** | | | X43= | 1: | OR | X86= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | +145= | | OR. | +290= | | |
| | 9 | 1-04 | | | | TOTA ADDIT. FE | | OR | TOTAL ADDIT. FEE | : . | |
| a | (Column 1) CLAIMS | 1 | (Colum HIGHE | ST | Column 3 | <u> </u> | ADDI- | 1 1 | | ADDI- | |
| LN | REMAINING - AFTER AMENDMENT | | PREVIOL PAID F | SLY | PRESENT EXTRA | RATE | TIONAL FEE | | RATE | TIONAL FEE | |
| Total Independent | . 22 | Minus | -20 |) . | - 2 | X\$ 9≠ | | OR | X\$18= | 3600 | |
| Independent | | Minus | 3 | | 2 | X43= | | OR | X86= | 172 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | +145= | | OR | +290= | | |
| | | | | | | TOTAL ADOIT, FE | | oп, | TOTAL ODIT, FEE | | |
| ·: | (Column 1) | | (Column | | Column 3) | | · · . · . | | • | | |
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHES NUMBE PREVIOU PAID FO | SLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total | • | Minus | ** | = | | X\$ 9= | | OR | X\$18= | | |
| | | | | - | | | | - F | | | |
| Independent | | Minus | *** | | | X43= | | OD. | X86= | | |
| | ENTATION OF MU | | | | | - | | OR | | | |
| I HHST PHES | ENTATION OF MI | JETTPLE DEF | ENDENT C | LAIM in colum | un 3. | +145= | | OR | +290= TOTAL | <u> </u> | |
| If the entry in col If the "Highest N | ENTATION OF MI | JLTIPLE DEF | PENDENT C | LAIM in columness than 2 ess than 3 | in 3. 0, enter "20." | +145= TOTAL ADDIT. FEE | | OR OR | +290= TOTAL DOIT. FEE | | |

Application or Docket Number .

60.130-1625 02MRA0367

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

20 0 1 2004 3

In re application:

Kramer

Serial No.:

10/614,582

Filed:

07/07/2003

Group Art Unit:

3683

Examiner:

Williams, Thomas J.

For:

MULTIPLE BALL SCREW ASSEMBLY WITH

DIFFERING PITCH USED TO OPTIMIZE FORCE AND DISPLACEMENT OF BRAKE ACTUATOR

RESPONSE

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

This paper is responsive to the Non-Final Office Action mailed on July 14, 2004.

Please amend the application as follows:

95 500030P

09/08/2004 YPOLITE1 00000007 501482 1061458

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86.00 DA

P.E. C.

first drive mechanism to the second drive mechanism without reference to a brake pad. The drawings of *Heibel* do not even show a brake pad engaging the brake actuator of *Heibel*. This switch appears to be the result of tooth 25 of disc 11 lifting from pin 23 as disclosed above. For this reason, claim 23 is in condition for allowance.

Independent claim 18 has been amended to include the limitation, "created by a reaction force from the brake pad on the brake actuator." For the reasons cited above, claim 18 is not shown by *Heibel*. Therefore, claim 18 and its dependent, claim 19, stand in condition for allowance.

For the foregoing reasons, Applicant requests allowance of claims 1-19 and 21-23.

Applicant believes that additional fees in the amount of \$86.00 are required for one independent claim. A check in the amount of \$86.00 is enclosed. The Commissioner is authorized to charge Deposit Account No. 50-1482 in the name of Carlson, Gaskey & Olds for any additional fees or credit the account for any overpayment.

Respectfully submitted,

CARLSON, GASKEY & OLDS

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Birmingham, MI 48009

(248) 988-8360

Dated: September 2, 2004